

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5511

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

DESIGNER SECTION

INSTRUCTION PACKET FOR A PERMIT AS A DESIGNER OF ENGINEERING SYSTEMS

Enclosed are the forms for applying for registration and a copy of the Wisconsin Statutes and Administrative Code relating to a permit as a Designer of Engineering Systems. NOTE: This is not the application if you want to apply for the examination. Please call the Board Office at 608-266-2112, to request the designer examination application.

FILING AN APPLICATION - All applicants for a permit as a designer of engineering systems must complete an "Application For a Permit as a Designer of Engineering Systems" (Form #1897). It is preferred that you type or print all information when completing the "Application For a Permit as a Designer of Engineering Systems" (Form #1897).

The completed application must be mailed to the address listed above. Applications hand delivered or mailed by special courier must be addressed to the department's street address: 1400 East Washington Avenue, Room 173, Madison, WI 53703.

FEES - Please include with your application a check or money order made payable to the Department of Regulation and Licensing for the \$53.00 initial credential fee.

IMPORTANT NOTICE

FOR APPLICANTS WHO HAVE PREVIOUSLY SUBMITTED AN APPLICATION FOR THE DESIGNER OF ENGINEERING EXAMINATION (FORM #2100)

If you have previously submitted an application for the designer of engineering examination, please submit the following:

1. Application for permit as a Designer of Engineering Systems (Form #1897).
2. Initial credential fee.
3. Experience Record (Form #463) – update experience from time of exam application to the present.
4. References (Form #989) – submit three references only if previous references are more than one year old or if references were not previously submitted.
5. If transcripts were previously submitted, do not include transcripts.

DESIGNER APPLICANTS APPLYING ON THE BASIS THAT THEY HOLD A CURRENT WI MASTER PLUMBER LICENSE – Applicants applying for a permit as a designer of engineering systems on the basis that they hold a current Wisconsin master plumber license are required to submit the "Application for Permit As A Designer of Engineering Systems" (Form #1897), the \$53 initial credential fee, "Convictions and Pending Charges" (Form #2252) if applicable, and "Verification of Master Plumber Licensure" (Form #253).

Complete Section I of the enclosed "Verification of Master Plumber Licensure" (Form #253) and forward it to the Department of Commerce, Safety and Buildings Division, Bureau of Plumbing, P.O. Box 7082, Madison, WI 53703 for completion. Please do this at the same time that you mail the application forms to this office.

EDUCATION - Official transcripts showing courses taken and degrees received are required. Transcripts must be sent by the college or university to you. You must send the transcript to the Designers Section with your application. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**

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EXPERIENCE RECORD - When completing the "Experience Record" (Form #463), include as many applicable experience requirements outlined in the Wisconsin Administrative Code as possible. Include enough detail that a peer may judge the character of your work, listing your duties and degree of responsibility. Provide a complete chronological listing of your background beginning with your education. Indicate when employment is full-time vs. part-time. If your education does not come at the beginning of your record, include it in the appropriate order within your chronological listing of your background as a separate engagement.

REFERENCES - Provide replies from 3 references having personal knowledge of your experience using the enclosed "Designer Applicant Appraisal Form" (Form #989). Each reference should complete Form #989 and return it to you so that you can submit all 3 references with your application. It is required that one reference be a licensed architect, professional engineer or designer of engineering systems. Family members can act as supplemental references in support of an application, but not as one of the 3 required responses. Type or print your name on each form prior to distribution.

APPLICANTS THAT HOLD A CURRENT WISCONSIN MASTER ELECTRICIAN LICENSE - Please submit a copy of your current master electrician license with your application.

REVIEW DATES - Applications will be presented to the Designers' Section for evaluation when all required documents are received.

Review Dates

December 14, 2004
April 12, 2005
November 8, 2005

Deadline Dates for Receipt of All Documents

November 30, 2004
March 29, 2005
October 26, 2005

These are tentative meeting dates and are subject to change.

WISCONSIN STATUTES AND ADMINISTRATIVE CODE

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of real estate is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at docsales@doa.state.wi.us.

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

DESIGNER SECTION

APPLICATION FOR PERMIT AS A DESIGNER OF ENGINEERING SYSTEMS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

| | | | |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

| | |
|--|--|
| Date of Birth ____ month ____ day ____ year | Daytime Telephone Number (____) ____ - ____ |
|--|--|

Ethnic/gender status
information is optional.

Sex:

☐ M
☐ F

Ethnic:

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

Have you ever held a license/credential in the state of Wisconsin?

____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number.

The _____ permit expires on _____ of the even-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Place an "X" in ONE space only indicating how you qualify.

____ Passed examination with 8 years experience
Indicate subfield _____

____ 12 year experience and 35 years of age
Indicate subfield _____

____ Wisconsin Master Plumber License # _____

EXAMINATIONS: If you have taken any of the above examinations in Wisconsin or any other state please provide date of exam and location.

FOR BOARD APPROVAL ONLY

BY _____

BY _____

BY _____

DATE _____

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application.

\$ 53.00

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

EDUCATION: (Official Transcripts Required)

Colleges
Attended

Degree
Received

Date of
Graduation

Major

STATEMENT OF ARREST OR CONVICTION:

(Attach additional sheets if necessary)

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|
|------------|----------------|-----------|

| Profession |
|------------|
|------------|

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

| | | | |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

| | |
|---|--|
| Date of Birth ____ month ____ day ____ year | Social Security Number ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small> |
| Ethnic/gender information is required to check criminal information records. Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other |

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?

| | | |
|--------------------------|--------------------------|------------------------|
| <u>YES</u> | <u>NO</u> | <u>MO/YR COMPLETED</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- Did you successfully complete the program?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|
- Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to:

| | | | |
|---|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> Probation | <u>YES</u> | <u>NO</u> | <u>MO/YR COMPLETED</u> |
| <input type="checkbox"/> Parole | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Ordered to pay restitution | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- Did you successfully complete one of the above as ordered by the court?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
| _____ | | |
| _____ | | |
| _____ | | |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public

Date

My commission (is permanent) _____ expires _____.

SEAL

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

EXPERIENCE RECORD

| | | |
|--------------------------|---------------------------------------|-------|
| Type or print your name: | Type of license you are applying for: | Date: |
|--------------------------|---------------------------------------|-------|

| Engagement | Date | Title of Position, and Extent of Experience and Responsibility. Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form. | Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported. |
|--|---|---|--|
| #1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week | FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____ | | |
| #2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week | FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____ | Title: _____ | |

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| | | | |
|--|--|---------------------|--|
| <p>#3</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM Mo/Yr</p> <hr/> <p>TO Mo/Yr</p> <hr/> <p>TOTAL Yr/Mo</p> <hr/> | <p>Title: _____</p> | |
| <p>#4</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM Mo/Yr</p> <hr/> <p>TO Mo/Yr</p> <hr/> <p>TOTAL Yr/Mo</p> <hr/> | <p>Title: _____</p> | |
| <p>#5</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p> | <p>FROM Mo/Yr</p> <hr/> <p>TO Mo/Yr</p> <hr/> <p>TOTAL Yr/Mo</p> <hr/> | <p>Title: _____</p> | |

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

DESIGNER APPLICANT APPRAISAL FORM

| | |
|---------------------------------|------------|
| APPLICANT: DESIGNER | |
| Type or print name of applicant | Birth date |

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from _____ to _____.

3. These contact were (check all that apply):

☐ - As an associate in design work,

☐ - As a student in my classes,

☐ - In social or community activities,

☐ - Professional society activities,

☐ - Other (specify) _____

4. I am familiar with the applicant's work at _____
(name of company)

5. Describe the principal duties performed by the applicant. _____

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

| | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>REQUIRED AREAS OF EXPERIENCE</u> (a) Research and Development and (b) Design |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem identification, including consideration of alternative approaches to problems solving. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning, including selecting a practical or reasonable approach. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Execution of plan, including completing design calculations. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpreting and reporting results. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of safety, health and environmental constraints. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Selection of materials and components. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Production of final designs. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of detailed working drawings. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of design solution for adherence to laws and codes and obtain approval. |

| | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|---|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of design objectives. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation. |

Wisconsin Department of Regulation & Licensing

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation. |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets. |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work. |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers. |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications. |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction. |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing. |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance. |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work. |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules. |
32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)
-
-
-
-
-
33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No
34. The above information is being submitted by:

| | |
|----------------------|------|
| Name (Type or Print) | |
| Firm | |
| Title/Position | |
| Address | |
| City/State/Zip | |
| Day Phone | |
| Signature | Date |

| |
|---|
| Please affix seal |
| write in where registered, type of profession and registration number if applicable |

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2. My contacts with the applicant extend from _____ to _____.

3. These contact were (check all that apply):

☐ - As an associate in design work,

☐ - As a student in my classes,

☐ - In social or community activities,

☐ - Professional society activities,

☐ - Other (specify) _____

4. I am familiar with the applicant's work at _____
(name of company)

5. Describe the principal duties performed by the applicant. _____

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| | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>REQUIRED AREAS OF EXPERIENCE</u> (a) Research and Development and (b) Design |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem identification, including consideration of alternative approaches to problems solving. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning, including selecting a practical or reasonable approach. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Execution of plan, including completing design calculations. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpreting and reporting results. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of safety, health and environmental constraints. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Selection of materials and components. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Production of final designs. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of detailed working drawings. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of design solution for adherence to laws and codes and obtain approval. |

| | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|---|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>OTHER AREAS OF EXPERIENCE:</u> (a) Other Design, (b) Construction and (c) Maintenance |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of design objectives. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation. |

Wisconsin Department of Regulation & Licensing

| | <u>Yes</u> | <u>No</u> | <u>UK</u> | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation. |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets. |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work. |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers. |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications. |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction. |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing. |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance. |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work. |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules. |

32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)

33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No

34. The above information is being submitted by:

| | |
|---|-------------------|
| Name (Type or Print) | Please affix seal |
| Firm | |
| Title/Position | |
| Address | |
| City/State/Zip | |
| Day Phone | |
| Signature Date | |
| write in where registered, type of profession and registration number if applicable | |

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

DESIGNER APPLICANT APPRAISAL FORM

| | |
|---------------------------------|------------|
| APPLICANT: DESIGNER | |
| Type or print name of applicant | Birth date |

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from _____ to _____.

3. These contact were (check all that apply):

- ☐ - As an associate in design work, ☐ - As a student in my classes,
☐ - In social or community activities, ☐ - Professional society activities,
☐ - Other (specify) _____

4. I am familiar with the applicant's work at _____
(name of company)

5. Describe the principal duties performed by the applicant. _____

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>REQUIRED AREAS OF EXPERIENCE</u> (a) Research and Development and (b) Design |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem identification, including consideration of alternative approaches to problems solving. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning, including selecting a practical or reasonable approach. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Execution of plan, including completing design calculations. |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of design solution for adherence to laws and codes and obtain approval. |

- | | Yes | No | UK | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation. |

Wisconsin Department of Regulation & Licensing

- | | Yes | No | UK | |
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| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams. |
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34. The above information is being submitted by:

| | |
|----------------------|------|
| Name (Type or Print) | |
| Firm | |
| Title/Position | |
| Address | |
| City/State/Zip | |
| Day Phone | |
| Signature | Date |

| |
|---|
| Please affix seal |
| write in where registered, type of profession and registration number if applicable |

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

DESIGNER APPLICANT APPRAISAL FORM

| | |
|---------------------------------|------------|
| APPLICANT: DESIGNER | |
| Type or print name of applicant | Birth date |

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from _____ to _____.

3. These contact were (check all that apply):

☐ - As an associate in design work,

☐ - As a student in my classes,

☐ - In social or community activities,

☐ - Professional society activities,

☐ - Other (specify) _____

4. I am familiar with the applicant's work at _____
(name of company)

5. Describe the principal duties performed by the applicant. _____

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

| | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>REQUIRED AREAS OF EXPERIENCE</u> (a) Research and Development and (b) Design |
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| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation. |

Wisconsin Department of Regulation & Licensing

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33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No
34. The above information is being submitted by:

| | |
|----------------------|------|
| Name (Type or Print) | |
| Firm | |
| Title/Position | |
| Address | |
| City/State/Zip | |
| Day Phone | |
| Signature | Date |

| |
|---|
| Please affix seal |
| write in where registered, type of profession and registration number if applicable |

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

DESIGNER APPLICANT APPRAISAL FORM

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| Type or print name of applicant | Birth date |

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| |
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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

DESIGNER SECTION

VERIFICATION OF MASTER PLUMBER LICENSE

Information requested is required for processing.

SECTION I - Applicant to complete this section and forward form to Department of Commerce, Safety & Buildings Division, Box 7082, Madison WI 53707.

Name _____ Date of Birth _____
(Type or print name)
Address _____ MP License # _____
City _____ State _____ Zip Code _____

SECTION II - Bureau of Plumbing to complete this section and return to the Department of Regulation and Licensing at the address shown above.

A. The individual named under Section I is licensed as a Master Plumber in the State of Wisconsin and the following information is as shown in our records.

B. Licensed on _____ and issued License # _____.
(date)

C. License is current and will expire on _____, unless renewed.

D. Was formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please give details on reverse side.

E. License was granted on the basis of:

☐ Written Examination _____ hours.

☐ Oral Examination _____ hours.

☐ Examination of Qualifications - Education and Experience.

F. If Master Plumber's license is restricted, please provide details:

COMPLETED BY _____

TITLE _____

DATE _____

AGENCY SEAL

Wisconsin Department of Regulation & Licensing

P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
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Website: <http://drl.wi.gov>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code